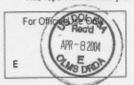
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1676	Fiscal Year Covered From:	
101	1 / 1 / 2003 Through: 12 / 31 / 2003	
de delega de como filmo	Name, file number, and address of labor organization.	
Name and address of person filing.		
ame James La Sala	Name Amalgmated Transit Union (ATU)/AFL-CIO	
	Labor Organization File Number LM-000/60	
O.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
treet 5025 Wisconsin Avenue, NW	Street 5025 Wisconsin Avenue, NW	
ity Washington	City Washington	
State District of Columbia ZIP Code +4 20016	State District of Columbia ZIP Code+4 20016	
	Secretary Control of the Control of	
President-ATU; VP - AFL-CIO)	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name and address of Employer (including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
	Signature	
15. Signature and verification. The undersigned declares, under penal submitted in this report (including the information contained in any accomundersigned's knowledge and belief, true, correct, and complete. (See the Signed	on 3126/04 239-418-0551	
The state of the s	Date Telephone Number	

Name or reson rining James La Sala	The Number of	
B. Held an interest in or derived income or economic benefit with monetary values and the substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is as (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name ULLICO INC. & Union Labor Life Ins. Co. (ULL) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111 Massachusetts Avenue, NW City Washington State District of Columbia ZIP Code + 4 20001	9. Business deals with: a. Labor Organization b. Trust c. Employer	
40 80 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ATU has insurance policies with ULL. Mr. La Sala, member of AFL-CIO exec council, covered by goup policies issued to AFL-CIO by ULL for which premiums were paid. ATU has pension plan contracts with ULL.	
Street	data Associated della contract della	41 252 210
City	Approximate dollar value of such dealing. Nature of interest held or income received.	\$1,352,318
State ZIP Code + 4	Directors fees & fees for attending Directors meetings.	
	12.b. Amount.	\$9,000
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone of the second sec		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	